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PTO/SB/21 (05-03)

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**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

**Total Number of Pages in This Submission**

Application Number	09/435,316	<b>RECEIVED</b> OCT 20 2003 Technology Center 2600
Filing Date	11/04/99	
First Named Inventor	G. Parsons	
Art Unit	2631	
Examiner Name	Bayard, E.	
9	Attorney Docket Number	XM-0015

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## Technology Center 2600

**ENCLOSURES** *(Check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	-Request For Continued Examination
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	-Supporting Documents to Affidavit
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Under Rule 1.131
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Benman, Brown & Williams
Signature	
Date	October 10, 2003

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Yasmin Emerson		
Signature		Date	October 10, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1,190.00

<b>Complete if Known</b>	
Application Number	09/435,316
Filing Date	11/04/99
First Named Inventor	G. Parsons
Examiner Name	Bayard, E.
Art Unit	2631
Attorney Docket No.	Technology Center 2600 XM-0015

<b>METHOD OF PAYMENT (check all that apply)</b>				<b>FEE CALCULATION (continued)</b>			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number Deposit Account Name				<b>3. ADDITIONAL FEES</b> Large Entity      Small Entity			
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>Fee Code (\$)</b>	<b>Fee Code (\$)</b>	<b>Fee Description</b>	<b>Fee Paid</b>
<b>1. BASIC FILING FEE</b>				1051	130	2051 65 Surcharge - late filing fee or oath	
Large Entity      Small Entity				1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
Fee      Fee      Fee Description      Fee Paid				1053	130	1053 130 Non-English specification	
Fee Code (\$)      Fee Code (\$)      Fee Description      Fee Paid				1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1001 770      2001 385 Utility filing fee				1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1002 340      2002 170 Design filing fee				1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1003 530      2003 265 Plant filing fee				1251	110	2251 55 Extension for reply within first month	
1004 770      2004 385 Reissue filing fee				1252	420	2252 210 Extension for reply within second month	
1005 160      2005 80 Provisional filing fee				1253	950	2253 475 Extension for reply within third month	
<b>SUBTOTAL (1) (\$)</b>				1254	1,480	2254 740 Extension for reply within fourth month	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>				1255	2,010	2255 1,005 Extension for reply within fifth month	
Total Claims      -20** =      Extra Claims      Fee from below      Fee Paid				1401	330	2401 165 Notice of Appeal	
Independent Claims      -3** =      Extra Claims      Fee from below      Fee Paid				1402	330	2402 165 Filing a brief in support of an appeal	
Multiple Dependent				1403	290	2403 145-Request for oral hearing	
<b>SUBTOTAL (2) (\$)</b>				1451	1,510	1451 1,510 Petition to institute a public use proceeding	
<b>SUBTOTAL (2) (\$)</b>				1452	110	2452 55 Petition to revive - unavoidable	
<b>Other fee (specify)</b>				1453	1,330	2453 665 Petition to revive - unintentional	
<b>** or number previously paid, if greater; For Reissues, see above</b>				1501	1,330	2501 665 Utility issue fee (or reissue)	
<b>*Reduced by Basic Filing Fee Paid</b>				1502	480	2502 240 Design issue fee	
<b>SUBTOTAL (3) (\$)</b>				1503	640	2503 320 Plant issue fee	
<b>SUBTOTAL (3) (\$)</b>				1460	130	1460 130 Petitions to the Commissioner	
<b>SUBTOTAL (3) (\$)</b>				1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
<b>SUBTOTAL (3) (\$)</b>				1806	180	1806 180 Submission of Information Disclosure Stmt	
<b>SUBTOTAL (3) (\$)</b>				8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
<b>SUBTOTAL (3) (\$)</b>				1809	770	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
<b>SUBTOTAL (3) (\$)</b>				1810	770	2810 385 For each additional invention to be examined (37 CFR 1.129(b))	
<b>SUBTOTAL (3) (\$)</b>				1801	770	2801 385 Request for Continued Examination (RCE)	
<b>SUBTOTAL (3) (\$)</b>				1802	900	1802 900 Request for expedited examination of a design application	

<b>SUBMITTED BY</b>		(Complete if applicable)		
Name (Print/Type)	William J. Belman	Registration No. (Attorney/Agent)	29,041	Telephone 310 553-2400
Signature				Date October 10, 2003

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